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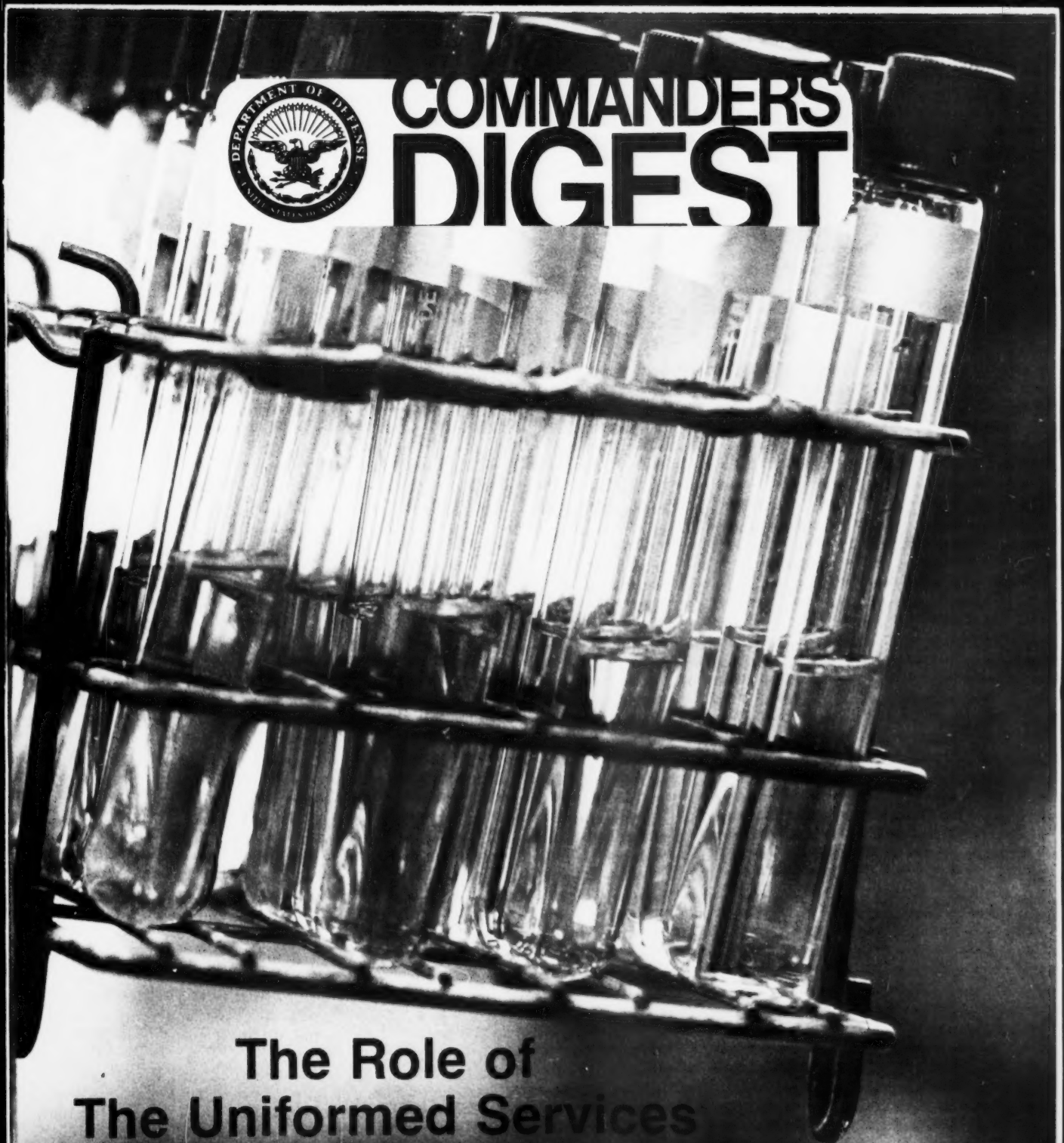

The Role of The Uniformed Services University of the Health Sciences

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UNIFORMED SERVICES UNIVERSITY of the HEALTH SCIENCES

Strengthening

The discontinuance of the doctor draft in 1973 and termination of the Berry Plan in 1976 will leave the Military Services with a disastrous shortage of physicians.

A historical background to American medicine might serve as a perspective as it relates to the necessity of establishing a health science university if it were desirable to maintain a viable military medical service. American medicine—both civilian and military—has had a great heritage which should neither be forgotten nor discarded. Nonetheless, one of the laws of nature is change and what was considered appropriate in the past may not be accepted as optimum health care or education either today or in the future in the light of new discoveries or social changes. Ideally, new approaches toward health education or delivery should occur in a continuum or evolutionary manner. Instead, medicine has tended to remain static for relatively long periods of time which often has led to major revolutionary changes and not always in the best interest of medicine.

In civilian medicine, Flexner's revolutionary report in 1911 turned medical education away from predominantly proprietary schools to the traditional pattern of basic and clinical sciences under the aegis of universities. This epochal change was based on solid philosophical and practical grounds and has stood the test of time for over a half century. However, in the past decade many innovative and novel health educational and delivery programs have been introduced as a result of social demand for health care as a right of all citizens, tremendous increases in hospital and physician costs, marked expansion in medical technology and specialties, and government participation and control in health research, education and delivery. There are numerous reasons why many of these so-called innovative or revolutionary approaches will fail to succeed.

Military medicine also has faced major crossroads during the past half century. Prior to World War II, with the exception of a handful of clinical specialists, the three medical groups consisted largely of general medical officers who also served as administrators and logisticians. World War II demonstrated, through its skilled civilian clinical specialists, that the morbidity and mortality in a military conflict could be markedly reduced. These results brought into sharp focus the need to incorporate the entire spectrum of medical specialties in the military.

With the termination of World War II and the separation of its civilian component, military medicine found itself in a marked void with respect to specialists. Fortunately, at this point in time, civilian teaching hospitals accredited for residency training provided a mere $25 to $50 stipend per month. Thus to many eligible and particularly married medical graduates the offer of a military commission with a modest but living salary was most welcome as it enabled them to undertake specialty training.

Initially most of the specialty training was obtained at affiliated civilian teaching hospitals, but with time each military service established its own accredited training program. The excellence of the military training programs has

the 'Noble Art'

by
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been manifested by the excellent record of trained candidates in specialty board examinations, their contribution to the general store of medical knowledge, and in developing new models of health delivery.

However, with the passage of time the civilian teaching hospitals progressively increased their residency salary stipends to levels equal to or above that offered by the military. Moreover, income from civilian academic or private practice far exceeded their military counterpart. This disparity in incomes as well as other shortcomings led to discontent and high incidence of resignations.

The saving grace in maintaining the physician quota of general medical officers and specialists during the past decade for the military was the physician draft and the Berry Plan. The discontinuance of the doctor draft in 1973 and termination of the Berry Plan in 1976 will leave the three medical services with a disastrous shortage unless remedial measures are taken. Many well-meaning people have suggested, as a remedial measure, the assigning of the health care of dependents and retirees to civilian medicine (CHAMPUS) while the military medical corps would serve only those on active duty.

The fallacy of this proposal is that under such conditions it would be impossible to attract or retain quality medical officers if their responsibilities comprised of the health care of healthy young men or answering medical military emergencies. Moreover, if the medical corps were markedly limited in size one might raise the question how well would the civilian practitioners respond and perform to major military exigencies as they relate to logistics, preventive medicine, and control of exotic diseases, trauma and other medical conditions for which they have had minimal training? Thus, to maintain a viable and attractive program, it is essential to expose medical officers to a proper mix of societal diseases in all age groups as well as medical problems unique to the military.

In order to develop remedial measures which will attract and retain medical officers one must determine those features of military medicine which have led to wholesale resignations. These are:

- Incomes not comparable to civilian counterpart;
- Instability of assignments;
- Lack of professional satisfaction, recognition, or growth; and
- Failure to achieve academic recognition or status.

The recent passage of the bonus bill will allow an additional incentive up to $13,500 for medical officers to correct income inequity and place them at an income level comparable to academia. The offices of the three Surgeons General are making every effort to improve assignment stability which was most difficult to accomplish during the Korean and Vietnam conflicts. During this period, the two-year draft of physicians led to an annual 40 per cent drop-out, thereby requiring marked shifting of personnel. Efforts are underway to not only lengthen assignments but also provide opportunities for continuing and

Public Law 92–426, which established the Uniformed Services University of the Health Sciences as well as creating an Armed Forces Health Professions Scholarship Program, also calls for establishing of the university within a 25-mile radius of the District of Columbia. The permanent site of approximately 125 acres will be in the southeast section of the National Naval Medical Center.

postgraduate education. In addition the training in and the establishment of a family practice specialty within primary care hospitals will focus professional recognition on a facet of health care previously neglected.

The final passage of H.R. 2 and later as Public Law 92–426 by the 92d Congress in 1972 may be the keystone for recruiting and hopefully retaining career motivated medical personnel. The concept of a military medical college was first introduced in 1945 and subsequently re-introduced in Congress on many occasions. Its final passage as a Uniformed Services University of the Health Sciences was a tribute to the determination and perservance of Congressman Hebert of Louisiana, who also realized the requirement to train personnel in all health disciplines in order to provide total health care. Since the need for physicians was most urgent, Congress placed its highest priority in first establishing a medical school.

It should be recalled that this bill was strongly opposed by academia, organized medicine, Health, Education and Welfare (HEW) and a number of prestigious scientific organizations. The opponents of the university have reversed their attitudes by 180 degrees in recognizing its future potential to develop into a strong health science center.

Public Law 92-426 authorizes and provides for:

- Establishing a Uniformed Services University of the Health Sciences as well as creating an Armed Forces Health Professions Scholarship Program. The latter provides scholarships which include payment of tuition fee and $4,800 annually to students, if accepted, and enrolling in schools of their choice. Students admitted to the Uniformed Services University of the Health Sciences will be commissioned as second lieutenants and receive compensation of approximately $9,000 annually. The former will have an obligatory military pay-back time of four years while the latter will have seven years. Time devoted to undergraduate education will not be counted toward retirement benefits.

  Past experience has demonstrated that students exposed to a program, particularly in their formative years, will tend to follow in the footsteps of inspiring and stimulating teachers. For this reason less than one percent of the medical draftees sought a military career while 25 per cent of physicians receiving military residencies went into military medicine. It is anticipated that those receiving military scholarships at schools of their choice when combined with military clerkships will lead, in my estimation, to 35 per cent of them choosing a military medical career. It is our hope that 75 per cent of the participants in the Uniformed Services University of the Health Sciences exposed to outstanding military and civilian medical educators will opt for a military career.
- Establishing a university within a 25-mile radius of the District of Columbia. The Board of Regents has selected the Armed Forces Institute of Pathology as the temporary site for the first class which hopefully will be admitted in September 1975. The permanent site of approximately 125 acres will be in the southeast section of the National Naval Medical Center reservation. It will be a tri-service institution with its own architectural identity and constructed in four increments with the first completed in 1976 and the final one in 1980. The Health Science University will also develop schools of dentistry, veterinary medicine, nursing, pharmacy and allied health subsequent to the completion of the medical school.
- The university will be responsible for health science education and will confer certificates and academic degrees including baccalaureate and doctoral to candidates who successfully complete their training and education.
- A Board of Regents responsible to the Secretary of Defense was appointed. It will consist of nine civilian

members appointed for six-year terms by the President of the United States, and ex-officio members consisting of the three Surgeons General, the Assistant Secretary of Defense (Health and Environment), a representative of the Secretary of Health, Education and Welfare, and the University President as ex-officio member without vote. The Board of Regents will be responsible for major policy decisions, the appointment of the University President, and will act on all tenure faculty and major administrative appointments on the recommendation of the President.

- The faculty will be selected from the civilian and military sectors of medicine with salary schedules and tenure of the former on a comparable basis with academia. Tenure of military faculty will be determined by consultation between the Service Surgeons General and the dean of the medical school unless there is a military emergency.
- When appropriate and feasible, the university will negotiate agreements with other Federal agencies to make maximum use of educational resources.

The question may be raised with respect to the university accomplishments during the seven months the principal administrator

In the future, the Health Sciences University also will develop schools of dentistry, veterinary medicine, nursing, pharmacy and allied health professions.

has been in office. The following has been accomplished:

- Frequently conferred with the three Surgeons General to develop teaching and patient relationship between the university and its faculty to the major university teaching hospitals; namely, National Naval Medical Center, Walter Reed Medical Center and Malcolm Grow Air Force Medical Center.
- Visited the several research institutions at the medical centers to determine how their resources may best be utilized for education and possible research support.
- Through meetings and conferences with all levels of military medical personnel, developed open communication and thereby hoped to allay anxiety, fears and suspicions as well as reducing unfavorable and untrue rumors to a minimum.
- Met with leaders of the other health disciplines in the military with the view of discussing the future developments of their respective schools.
- Conferred with the Assistant Secretary of Health in the Department of Health, Education and Welfare, as well as the director and subordinates of National Institutes of Health, Health Resources and National Library of Medicine. Those meetings dealt with possible future interfacing between the university and HEW in the educational program in terms of personnel and supportive elements.
- Met monthly with the Deputy Secretary of Defense to keep him abreast of achievements and problems.
- Appeared before congressional committees as well as individual members of Congress to present the progress of the university as well as our budget involving construction and operations. The budget submitted by the university was authorized and appropriated without reduction. Their action would indicate a high level of confidence and interest since budgetary requests for 1975 were to have been submitted a year ago at which time the university was non-existent. Also, one must consider that the 1975 budget for the Defense Department was sharply reduced.
- Visited 12 medical schools—both well established and newly developing ones—to review their building programs curricula, faculty weaknesses and strengths, hospital and institute affiliations and administrative problems.
- Held a Curricula Retreat with participants representing medical schools **(a)** with totally innovative approaches to medical education, **(b)** introducing radical changes to the traditional pattern, **(c)** maintaining traditional teaching, and **(d)** who originally shifted radically from the traditional and were returning towards the traditional. It was clear from this meeting that the

innovative approaches were losing favor and that most participants favored a broad educational process for the Uniformed Services University of the Health Sciences medical school.

• Met on numerous occasions with members of the Liaison Committee for Accreditation of Medical Schools. The membership of this committee is derived from the American Medical Association and the Association of American Medical Colleges. Present enrollment plans are to commence with an initial class of 36 students in September of 1975, progressively increasing to 150 in 1981. Public Law 92–426 requires the university to graduate 100 medical students by 1982.

• In conjunction with Naval Facilities Engineers and the Assistant Secretary of Defense for Installations and Logistics, a consortium of architects/engineers was selected to remodel a portion of the Armed Forces Institute of Pathology as temporary quarters for the medical school which would accommodate 36 students in September 1975. Also, they practically have completed detailed structural plans for the first increment as well as developing general plans for three additional increments of the permanent facility of the Bethesda Naval reservation.

• From experiences gained at other developing universities, the Board of Regents has agreed to develop the medical school faculty by selecting the dean first, followed by department chairmen, and finally the faculty. This approach should reduce to a minimum conflicts between faculty and academic administrative levels.

A Dean Search Committee composed of six well-recognized health science administrators representing regional areas of the United States have met several times and reviewed 72 of the 109 candidates recommended. It is our hope that final recommendations can be made to the board prior to January 1975.

Each university of health sciences must determine its goals and objectives. It is trite but true that the basic responsibility of this health science university is education, service, and research. Each is important in its own right, but the *sine que non* will be education. The university must develop the physician manpower to provide the necessary high quality care for the military man, his dependents, and retirees. An excellent educational program is dependent upon well trained, interested, and dedicated faculty combined with intelligent and motivated students utilizing the curriculum as a catalyst and framework. A failure to appreciate these factors and qualities will lead to an average medical school without appeal. It should not only provide knowledge but, equally important, experiences in health care which will result in medical judgment. Indeed a few will achieve medical wisdom from their ability to evaluate past errors and judgment.

The present plan is to provide a four-year broad based medical program which will enable graduates to meet any exigency arising in military medical practice, or relate to a specialist unusual aberrations resulting from physical or biological alterations in other organs. Since students at the Uniformed Services University are remunerated on an annual basis they will attend classes 42 weeks per year in contrast to the standard 32 to 36 weeks per year at other four-year schools.

The first 16 months will be devoted to traditional basic sciences followed by organ system review utilizing an interdisciplinary faculty team. In addition, starting in the first year students will be exposed to patients and team health care concept. The last two years will emphasize clinical courses and direct patient care with emphasis on primary care, preventive medicine and specialty exposure of their choice. Elective time will be available to students for exposure to large clinical and research centers in

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The military, in addition to general medical research, offers unique and extraordinary opportunities through its exposure to trauma, burns, infectious diseases, and similar medical areas.

the military. A Learning Resources Center will be established where multiple media and self-learning techniques will be utilized as an adjunct to the university educational program. Finally each student will participate in health care in foreign countries where a few diseases rarely seen in this country are responsible for 80 per cent of the morbidity and high mortality rate in those areas.

The Uniformed Services University also appreciates that medical education must be viewed as a continuum which is initiated on admission to medical school and terminates upon retirement from practice. It has been amply demonstrated that a physician failing to keep abreast of new knowledge or techniques in medicine for a period of three years or longer will find that medical science has passed him by since the store of medical knowledge is accumulating at an exponential rate. In view of the rapid advances in medicine a close teaching relationship between the basic and clinical scientist is in order.

A health science university of stature must render high quality patient care with reasonable efficiency and cost. The faculty and student body must develop a spirit of empathy—a state of humanism—which has escaped many physicians in their search for science and technical aspects of medicine. We must recall that medical practice is both an art and science and each is of equal importance. Physicians often forget that confidence on the part of a patient in the competency and personal interest of his health team may spell the difference between success or failure in treatment. This is best exemplified in critical illnesses or very major surgical procedures when the patient's confidence enables him to biologically meet and overcome challenging stresses.

It can be categorically stated that a university environment devoid of research, either basic or clinical, is bound to be pedantic and unimaginative. The opportunity to engage in the search for the discovery of new biomedical knowledge is essential if a university of health science is to prosper and develop leading educators and investigators for the military and contribute to society in general. The military, in addition to general medical research,has unique and extraordinary opportunities through its exposure to trauma, burns, infectious diseases, tropical medicine, preventive medicine, impact of high and low altitudes on the human body, blood preservation, vascular surgery, behavioral patterns secondary to stress, alcohol and drug abuse and many other areas. Moreover, because of control in patient and health delivery the military can develop and evaluate new models of health delivery and education far better than most civilian counterparts.

In closing I would like to say we have within our power to develop one of the greatest health science universities in the world, providing we have open communication, cooperate, and have confidence in one another. The role of the university is to strengthen both the military medical services and its participants to reach the highest possible level of excellence. At the same time all of us should heed the words of Hippocrates who some 2,300 years ago said "Medicine is of all the arts the most noble."

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